

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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18						
19						
20						
21						
22						
23						
24	1	1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1	1				
32		1				
33		1				
34		1				
35		1				
36		1				
37	1	1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND	DEP	IND	DEP	IND	DEP
51						
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99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	